

MEDICAL POWER OF ATTORNEY INFORMATIONAL SHEET

1). Full legal name of Grantor: _____

Address of Grantor: _____

Telephone # of Grantor: _____

2). Full legal name of Agent: _____

Address of Agent: _____

Telephone # of Agent: _____

3). Full legal name of Alternate Agent (optional): _____

Address of Alternate Agent: _____

Telephone # of Alternate Agent: _____

4). Do you authorize agent to make decisions regarding your body if you should die including burial, organ donations, and autopsies? _____

5). Do you authorize agent to make decisions regarding withdrawing life-support if you are terminally ill with no hope for recovery? _____

5). Do you authorize agent to make decisions regarding administrating and withdrawing artificial food/water (feeding tube)? _____

6). Are there any additional limitations you want to place on your agent in regards to making medical decisions on your behalf? _____

7). Primary Physician: _____

Telephone #: _____

Address: _____

8). Are you of sound mind and under no constraint or undue influence? ___ yes ___ no

9). When the Power of Attorney is to begin: _____

10). When the Power of Attorney is to end: _____

Date: _____

Grantor's Signature

DISCLOSURE FROM NONLAWYER

I, _____, certify that Jennifer M. Kerns of Professional Services by Jenn & Jenn, LLC, explained to me that he or she is not an attorney who is a member in good standing of the Florida Bar and that he or she CANNOT: 1) give me legal advice; 2) tell me what my legal rights or remedies are; 3) represent me in court; or 4) tell me how to testify in court.

This nonlawyer further explained to me that he or she CAN ONLY: 1) help me fill out forms that have been approved by the Supreme Court of Florida; 2) ask me questions to fill in the form(s); and 3) show or explain to me how to file the form(s).

___ I can read English.

___ I can not read English, but this disclosure was read to me _____ in _____

Dated: _____

Signature of Party

Jennifer M. Kerns
Professional Services by Jenn & Jenn, LLC
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Jacksonville, FL 32210
904-777-1533